

Tennessee Agricultural Enhancement Program

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Reimbursement check will be mailed to this address.

2. Check the most appropriate category below: (please check only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
OR Limited Liability Company (LLC) formed as a Disregarded Entity
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization
(for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
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3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you checked number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

- 2) If you checked number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____